

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/535458

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1			1		
4		1	1			
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19	1		1			
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25	1					
26	1					
27		1				
28	1		1			
29	1					
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48						
49						
50						
TOTAL IND.	8	↓	4	↓	0	↓
TOTAL DEP.	30	←	21	←	0	←
TOTAL CLAIMS	38		25		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	